



I-20 SCHOOL APPLICATION

To complete and submit this PDF form online, move your mouse cursor to the bottom of the document and a set of 4 icons will appear. Click on the "stamp" icon located between the "zoom" and "download" icons. Then complete the document as instructed, digitally sign or type in your name where requested, and click on the "submit" button when you're done.

PERSONAL INFORMATION:

First Name: _____ Middle: _____ Last: _____
Date of Birth (mm/dd/yy): ____/____/____ Sex: _____ Marital Status: _____
Country of Birth: _____ Citizenship: _____
Telephone: _____ Fax: _____ Email: _____

Mailing Address

Street: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

Statement of general health: _____
Will you need insurance through Palm Beach Flight Training (Yes/No)? _____

How did you hear about Palm Beach Flight Training?: _____
Will you need special English Classes? (Yes/No) _____

WHAT COURSES OF TRAINING DO YOU DESIRE?

Course: _____ Anticipated Start Date: ____/____/____

(Make sure to verify with your US Embassy about the approximate wait time for an interview. The wrong START DATE will cause us to reissue the I-20, resulting in additional fees.)

PREVIOUS FLIGHT EXPERIENCE:

Total flight time: _____ hours License and ratings held: _____
Issuing Country: _____

STATEMENT OF INTENT:

I wish to attend **Palm Beach Flight Training** and register for the course of study I have specified. I certify that the above statements are correct and complete.

TO ENROLL, ALL INTERNATIONAL STUDENTS MUST: 1.) Register for TSA 2.) Send this form, along with a copy of your passport, original certified financial letter of affidavit of support, a copy of your health insurance (if not provided by us), and a copy of your grades (Asian Students only) 3.) Send a registration fee for I-20 (if paying by a credit card, please see below).

Applicant's Signature Date: ____/____/____

IF YOU ARE UNDER 18 YEARS OF AGE a parent or guardian must sign the following:

The undersigned, being the parent or legal guardian of the above named applicant, consents to his/her application for admission to Palm Beach Flight Training.

Parent/Guardian Signature Date: ____/____/____

CREDIT CARD AUTHORIZATION:

Card Number: _____ Expiration (mm/yy): ____/____ Amount: \$ _____

I authorize Palm Beach Flight Training to charge my card for the amount listed above. This charge is to cover the I-20 registration fee.

Cardholder Signature Cardholder name PRINTED